Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____	2 Serial/Patent # 10/519265

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing	1	12/27/04	$ 100
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$
7 TOTAL AMOUNT OF REFUND			$

8 TO BE REFUNDED BY:

Treasury Check

✓ Credit Deposit A/C #:

9 | 1 | 3 | -- | 2 | 4 | 6 | 8 |

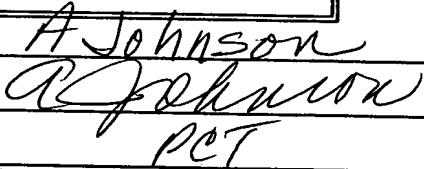**10 REASON:**

✓ Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: A Johnson   TITLE: paralegal

SIGNATURE: a Johnson   PHONE: 308-9140

OFFICE: PCT

****
THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)